**Equalities Monitoring Form**

The intention of the following questions is to ensure that as far as possible the Panel has a balance of representation by gender, people of different sexual orientation, ages, different ethnic backgrounds and faiths, and people with disabilities.

This information will NOT be shared with anyone other than those making the decision about Panel Membership.

|  |  |
| --- | --- |
| Age: | 18-24 [ ]  25-34 [ ]  35-44 [ ]  45-54 [ ]  55-64 [ ]  65+ [ ]  |
| Gender: | Which of the following options best describes how you thinks of yourself?Woman/Girl (Including trans women/girls) [ ]  Man (including trans men) [ ]  Non-binary [ ]  In another way [ ]  Prefer not to say [ ]   |
| Trans Status  | Is your gender identity the same as the gender you were given at birth?Yes [ ]  No [ ]  In some ways [ ]  Prefer not to say[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity:**Asian or Asian British**Bangladeshi IndianKashmiriPakistaniAny other Asian background Please specify below if you wish.................................................................. | [ ] [ ] [ ] [ ] [ ]  | **Mixed Racial Identity**Asian and White Black and White African Black and White CaribbeanAny other mixed backgroundPlease specify below if you wish.................................................................. |  [ ]  [ ]  [ ]   [ ]  |
| **Black or Black British**AfricanCaribbeanAny other Black backgroundPlease specify below if you wish.................................................................. | [ ] [ ] [ ]  | **White**Eastern European English, Scottish, Welsh, N IrishIrishGypsy or Irish travellerAny other White backgroundPlease specify below if you wish.................................................................. | [ ] [ ] [ ] [ ] [ ]  |
| **Chinese, Arab or Other ethnic group**ArabChineseAny other Please specify below if you wish.................................................................. | [ ] [ ] [ ]  | Prefer not to say  |  [ ]  |

Disability: Please tick against one of the following:

Do you consider yourself to have a disability under the Equality Act 2010?

Yes [ ]  No [ ]  Prefer not to say [ ]

Please describe the nature of your disability

|  |  |  |  |
| --- | --- | --- | --- |
| BuddhistChristianHinduJewish | [ ] [ ] [ ] [ ]  | Muslim Sikh No religionOtherPlease specify below if you wish…………………Prefer not to say  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |

Religion or belief:

### Sexual Orientation: Which of the following options best describes how you think of yourself?

|  |  |  |  |
| --- | --- | --- | --- |
| BisexualGay or Lesbian Prefer not to say  | [ ] [ ] [ ]  | Heterosexual Other sexual orientationNot Known | [ ] [ ] [ ]  |

**Is there any further relevant information which you would like to share?**